

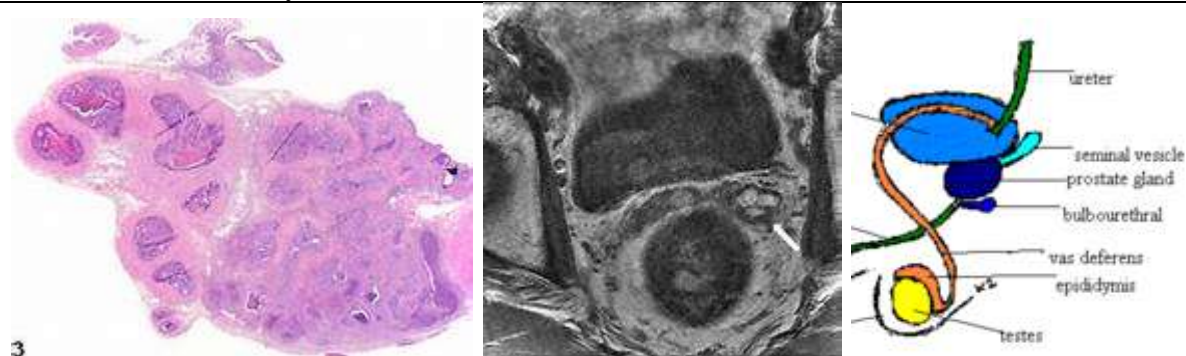
XX. Diseases of the Male Genital System

N.B.3:

Diseases of the seminal vesicles

I. Inflammation:

1. **Non-specific (acute, sub-acute and chronic):** Usually in association with prostatitis → seminal emissions and priapism.
2. **Gonococcal** (as a complication of gonorrhoea).
3. **Tuberculous** (as an extension of tuberculous epididymo-orchitis).
4. **Bilharzial:** Is very common and usually affects young adults who have bilharzial affection of the urinary bladder → appearance of Bilharzia ova in the spermatic fluid:
 - (a) **(Stages of Infiltrative** → bilharziomata or/and diffuse bilharzial lesions → bilharzial haemospermia and vigorous sexual power.
 - (b) **Hypertrophic (hyperplastic)** → enlarged, firm-to-hard and nodular vesicles with thickened walls, narrowed lumina and hypertrophied muscles → haemospermia + ova, epithelial debris and powerful sexual vigor.
 - (c) **Atrophic (fibrotic)** → atrophied, dense fibrotic and calcified walls → bilharzial vesiculitis and obstruction of channels (honey-comb appearance by X-rays) → sterility (if bilateral).



II. Tumours:

1. Benign: (adenoma; cystadenoma; fibroma).
2. Malignant (carcinoma; fibrosarcoma; embryoma).
3. Extension from neighbouring organs.
4. Metastases.

III. Congenital abnormalities (absence; hypoplasia; duplication; stricture of ejaculatory duct; entrance of an ectopic ureter).

IV: Mechanical disturbances (calcification; calculi; post-operative trauma).

Oedema of Scrotum

Scrotum:	Is large and swollen Oedematous Has a smooth surface (firm oedema)
Penis:	Shows : Thickening of the glans Oedema and swelling of the body Evidence of bilharzial affection

N.B.:

- This oedema of the scrotum (and penis), producing an appearance of false elephantiasis,

is due to bilharzial affection of the penis.

Scrotal oedema may be:

1. **Part of a generalized systemic oedema** → soft doughy thickening of the scrotum as in :
 - (a) Cardiac failure.
 - (b) Renal disease.
2. **A sequel to local disease accompanied by lymphatic obstruction** > hard oedema as in:
 - (a) Bilharziasis (common in Egypt).
 - (b) Filariasis (common in the tropics).
3. **Inflammatory as in cellulitis.**

Clinical Features

- Testis is enlarged / firm / heavy with loss of testicular sensation [early stage only]
- Pain - [30%] / In 10% of cases it present identified incidentally / 3% - bilateral.
- Secondary hydrocele is common
- Cremaster is hypertrophied & thickened
- Vas / prostate & Seminal vesicles - N
- Para-aortic lymph nodes are enlarged.
- Inguinal nodes are involved if tumour breaches the tunica albuginea to spread to scrotum.

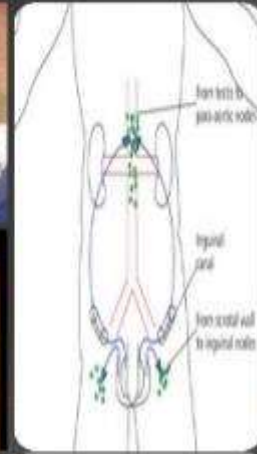


Table 1.—Causes of Scrotal Swelling

<p>Testicular torsion Epididymitis Hydrocele Inguinal hernia Torsion of appendage Idiopathic scrotal edema¹² Testicular tumor Orchitis Varicocele Spermatocele Hematoma Henoch-Schönlein syndrome^{13,14}</p>
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Gangrene of Scrotum

- Scrotum:**
- Is swollen and Oedematous
 - Shows necrosis and destruction

- Skin:**
- Ulcerated and gangrenous
 - Dull in appearance and sloughed in areas
 - Greyish-brownish

N.B.:

- Gangrene of this region may result from acute inflammatory oedema (perhaps related to erysipelas), may complicate cellulitis (resulting from extravasation of urine) or may follow ischaemic necrosis, sloughing and infection.
- When severe, the swelling, necrosis and destruction may expose the testes.

